

District Due Process Complaint Form

This form may be used to submit a due process complaint to resolve a disagreement about the evaluation or change of placement of a student under the Individuals with Disabilities Education Improvement Act.

Instructions:

1. All asterisked (*) information on this form must be included when you submit a request for a due process hearing. If you, or your attorney, do not include the asterisked (*) items on this form, it may result in the denial or delay of a due process hearing and the reduction of any attorney's fees awarded by the court.
2. At the same time that you send this form to the Commissioner, you must send or deliver a copy of this form to the parent(s).
3. As soon as your complaint is received by the Commissioner, the Department will attempt to contact you to identify a mutually convenient time for an initial telephone conference call with the hearing officer. This needs to occur no later than four days from the receipt of the complaint. If the Department is unsuccessful at reaching you, a time and date will be selected and you will be notified by first class mail. If the district is represented by an attorney, he/she should also be available for the initial conference call or have available dates ready for the pre-hearing conference and the hearing
4. Under federal and state law, a school district can raise the following problems in a due process complaint:

Evaluation (Issues involving a parent's refusal to consent to an evaluation or the district refused to agree to a parent's request for an independent evaluation.)

Change of Placement (Issues involving removal of a student from his or her current educational placement for disciplinary reasons for more than ten consecutive days.)

5. If you have a complaint about one of the items above, please describe it completely and accurately on the attached pages. Remember: It is important that you describe any issue that you wish to have addressed at the due process hearing, and the facts that you feel support your position. If you do not describe the issue you will not be able to raise it at the hearing. Focus on the issues that genuinely have had an adverse effect on the student's ability to receive meaningful educational benefit.

If you need assistance in completing this form, you may contact:

Vermont Family Network
600 Blair Park, Suite 240
Williston, VT 05495
Tel: (802) 876-5315 or 1 800-800-4005

VT Disability Law Project
264 North Winooski Avenue
Burlington, VT 05402
Tel: (802) 863-2881 or 1 800-747-5022
Fax: (802) 863-7152

Susan Boyd
Vermont Dept of Education
120 State Street
Montpelier, VT 05620-2501
Tel: (802) 828-3136

Mail to: Commissioner, Department of Education, 120 State Street, Montpelier, VT 05620-2501

Date: _____

Name of LEA Representative: _____

*Address: _____

*Telephone: W (____) _____ (cell) _____

Fax: (____) _____ email: _____

Attorney: _____

Address: _____

*Telephone: W (____) _____ (cell) _____

Fax: (____) _____ email: _____

*Student's name: _____

*Parent's Name: _____ Parent's Name: _____

*Address: _____ Address: _____

*Tel: W (____) _____ H (____) _____ (cell) _____ Fax: _____ Email: _____

*Tel: W (____) _____ H (____) _____ (cell) _____ Fax: _____ Email: _____

*Student's Residence, if different from parent. If the child is homeless, please provide contact information:

*School the student attends: _____

Date of Birth: _____ Grade: ____ Disability: _____

A copy of this request must be provided to the parent. Please confirm that you have done this:

A copy of this request was:

____ mailed on _____ (date)

____ hand-delivered on _____ (date)

The copy was provided to:

Name: _____, Parent Address: _____

Are you interested in receiving information about mediation? __ yes __ no

"I would like to request mediation in an attempt to resolve this complaint __ yes __ no."

[illegible][illegible][illegible]

*Signature of LEA representative submitting request: _____
file: district's due process form